

FINANCIAL AFFIDAVIT

CJA 23

IN SUPPORT OF REQUEST FOR ATTORNEY, EXPERT OR OTHER COURT SERVICES WITHOUT PAYMENT OF FEE **REV. 1/90**IN UNITED STATES ☐ MAGISTRATE ☐ DISTRICT ☐ APPEALS COURT or ☐ OTHER PANEL (Specify below)

IN THE CASE OF

USA vs. Todd Shaups

FOR

AT

LOCATION NUMBER

PERSON REPRESENTED (Show your full name)

- 1 ☐ Defendant—Adult
 2 ☐ Defendant—Juvenile
 3 ☐ Appellant
 4 ☐ Probation Violator
 5 ☐ Parole Violator
 6 ☐ Habeas Petitioner
 7 ☐ 2255 Petitioner
 8 ☐ Material Witness
 9 ☐ Other (Specify) _____

DCCKET NUMBERS

Magistrate

05-177028

District Court

Court of Appeals

CHARGE/OFFENSE (describe if applicable & check box ☐) ☐ Felony ☐ Misdemeanor**ANSWERS TO QUESTIONS REGARDING ABILITY TO PAY**

ASSETS	EMPLOYMENT	Are you now employed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Am Self Employed	
		Name and address of employer: _____ Dec. 2003	
		IF YES, how much do you earn per month? \$ _____	IF NO, give month and year of last employment Dec 2003 200-400
		If married is your Spouse employed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
		IF YES, how much does your Spouse earn per month \$ _____	If a minor under age 21, what is your Parents or Guardian's approximate monthly income \$ _____
OTHER INCOME	Have you received within the past 12 months any income from a business, profession or other form of self-employment, or in the form of rent payments, interest, dividends, retirement or annuity payments, or other sources? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
	IF YES, GIVE THE AMOUNT RECEIVED & IDENTIFY THE SOURCES	RECEIVED	SOURCES
CASH	Have you any cash on hand or money in savings or checking account <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
PROPERTY	Do you own any real estate, stocks, bonds, notes, automobiles, or other valuable property (excluding ordinary household furnishings and clothing)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
OBLIGATIONS & DEBTS	DEPENDENTS	MARITAL STATUS <input checked="" type="checkbox"/> SINGLE <input type="checkbox"/> MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> SEPARATED OR DIVORCED	Total No. of Dependents 1
	List persons you actually support and your relationship to them		
	Todd Shaups Jr my son		
	DOB: 11/17/98		
DEBTS & MONTHLY BILLS	APARTMENT OR HOME:	Creditors	Total Debt
(LIST ALL CREDITORS INCLUDING BANKS, LOAN COMPANIES, CHARGE ACCOUNTS, ETC.)			Monthly Payt.
		\$	\$
		\$	\$
		\$	\$
		\$	\$

SIGNATURE OF DEFENDANT
(OR PERSON REPRESENTED)

I certify the above to be correct.

Todd Shaups Jr

12/16/2003

WARNING: A FALSE OR DISHONEST ANSWER TO A QUESTION IN THIS AFFIDAVIT MAY BE PUNISHABLE BY FINE OR IMPRISONMENT, OR BOTH.